MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. COUNTY filed a. STATE b. COUNTY MARYLAND the funeral should be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? by YES NO and NAME OF Middle Last 4. DATE Yeor Doy DECEASED OF DEATH (Type or print) 2196 H 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX OR RACE B. DATE OF BIRTH MARRIED NEVER MARRIED campletely last birthday) Months WIDOWED [DIVORCED papers. off 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME ond corban 13. FATHER'S NAME physicion IMPORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. ottending INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o the DUE TO WEMBRANE DISEASE by permit. Conditions, if ony, which remova been signed gave rise to immediate **DUE TO** cause (a), stating the underburiol-tronsit lying couse lost. ottending physician 20 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY cremotion, PERFORMED? has YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (Stote) Day, Year (County) factory, street, affice bldg., etc.) While Not while **DIRECTOR:** After this of work at work detoched for 21. I certify that (1) (this haspital) attended the deceased fram. 7 M, fram the causes and an the date stated above. saw the deceased alive an L. and that death accurred at 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR PHYS. 22c. PHYStCIAN'S 22d. ADDRESS NAME (Type) poge 3 sh the Stote BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Spedify) 0 25b. REGISTRAR'S SIGNATURE 8 Orthur S. Hraus

VR A15 (4) 15M 9/59

MANUACINO DASIMENTO Salar 18 - 14 - 16 - 16 To To salar sa

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution e. COUNTY a. STATE b. COUNTY the d 2 MARYLAND death b. CITY OR TOWN (if outside corporete limits, and c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) þ write RURAL and give nearest town) .= hours after Pages filled NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street 3. NAME OF Month DECEASED OF (Type or print) DEATH within COD carbon 9. AGE (In years DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) pue Months Deys 187 DIVORCED WIDOWED physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY remove 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) (Ret. Farmer U.S.A. Farm Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ple Annie Sampson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 202 Wilson St. (Yes, no, or unkown) | (If yes give wer or detes of service) No Mrs. W.E. Boyd, Havre de Grace, Md. the 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), þ PART I. DEATH WAS CAUSED BY: g physic IMMEDIATE CAUSE (e) the burial-transit DUE TO Conditions, if any, which has been geve rise to immediate cause DUE TO (a), stating the underlying certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. hospital as use prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert | or Pert || of item 18.) 20e. ACCIDENT WAS UNDERLYING [detached for OR CONTRIBUTING | CAUSE OF DEATH may be retained by me DIRECTOR: After this of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) Month, Day, Year factory, street, office bldg., etc.) While Not While et work at work 196./., 21. I certify that (I) (this hospital) attended the deceased from... to. 30 M, from the causes and on the date stated above pluods saw the deceased alive on 22e. SIGNATURE ATTENDING MED. STAFF 1 PHYS. DIRECTOR PHYS. M.D. Page 4 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, be filed 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 Spesutia Cemetery Tarringoskuneral Home 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

Aberdeen. Md.

254 ence before admission)

a. IS RESIDENCE ON A FARM? YES NO

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

22 clas

WAS AUTOPSY

PERFORMED?

NO X

(Stete)

22b. DATE

(State)

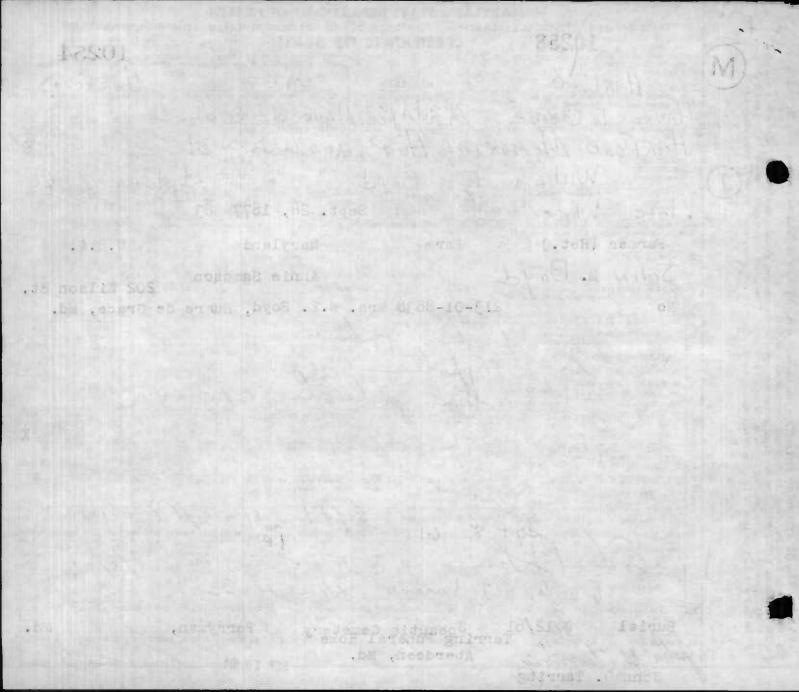
athen & thous

SIGNED

Md.

tor1

VR A15 (4) 15M 9/60



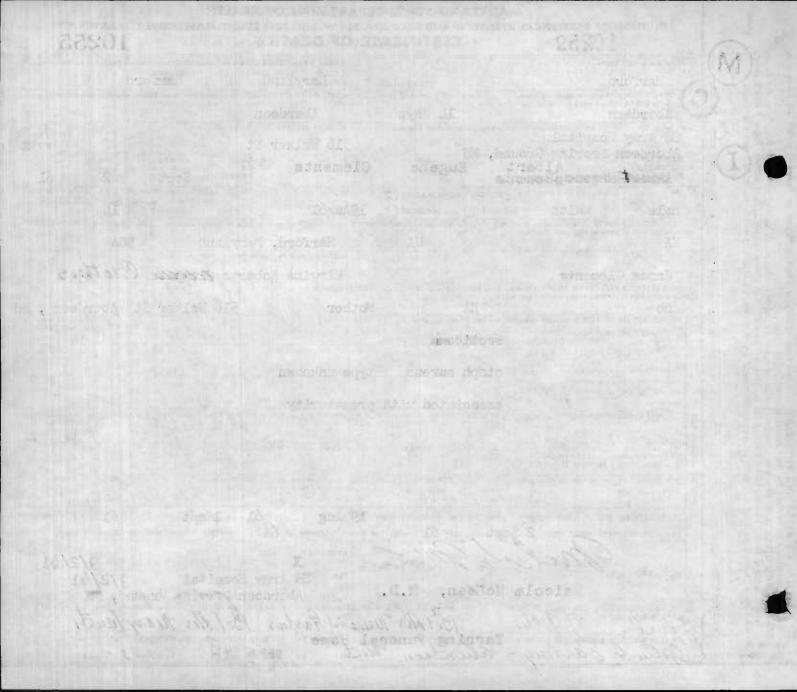
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after age 4 may be retained by the hospital or attending physician.

S TO FORESTAL DIRECTOR: After this certificate has been signed by the attending physician and company tilled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 7 mours after death.

1. PL

	EARCH AND RECORDS	PARTMENT OF HEA , 301 W. PRESTON STREE E OF DEATH	LTH et, Baltimore 1, Maryland 10255
ace of death COUNTY Harford	MARYLAND	2. USUAL RESIDENCE (Where	decessed lived, If Institution, Residence before edmission) b. COUNTY, Hariord
CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16		proprete limits, write RURAL end give nearest town)

Harford	MARYLAND	. STATE Marylan	nd	b. COUNTY Harfor	d		
CITY OR TOWN (if outside corporete limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		limits, write RURAL	end give n	earest tow	(n)
write RURAL end give neerest town) Aberdeen	14 days	Aberde	een				
d. NAME OF HOSPITAL OR INSTITUTION (if not		d. STREET ADDRESS					ESIDENCE
US Army Hospital		518 Walker	r St				A FARM?
3. Name of the Proving Ground Albert		Clements	4. DATE	Month	Dey	Yee	r
(Tynkalater Elegence Clement	Eugene	CTements	OF DEATH	Sept	2	19	61
		. DATE OF BIRTH		GE (In yeers IF UND	ER 1 YEAR	IF UNDER	24 HRS.
	DOWED DIVORCED	19Aug61	la	st birthday) Months	Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS OR INDUSTR		ity & State, or fore	ign country) 12.	CITIZEN O	F WHAT C	COUNTRY?
done during most of working life, even if retired)	NA	Harford.	Marylan	d	USA		
13. FATHER'S NAME	2102	14. MOTHER'S MAIDEN	NAME			-	
James Clements		Winamina E	Pohowto (researce (Drat	tors =	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	1 16 SOCIAL SECURITY NO L 17	VITGINA N	toberta 2	Address	-1100	ner 5	
(Yes, no, or unkown) (Ifyesgivewerordetesofservice	e)		٠, ٥				
no		fother	518	Walker St		rdeer	
18. CAUSE OF DEATH (Enter only one ceus	se per line for (a), (b), and (c).]					ERVAL BET	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	septicema					14	
1685 DUE TO							
Conditions, if eny, which (b)	staph aureus	type unknown			121111		
gove rise to immediate cause	Stapin aureus	The mivitomit					
(e), steting the underlying DUE TO							
zause lest. (c) (c) PART II. OTHER SIGNIFICANT CONDITION	associated with r		NAL DISTASS CON	INITION CIVEN IN B	A DT 14-14 10	2 WAC A	LITORCY
PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT NO	OF KELATED TO THE TERMIT	NAL DISEASE CON	DITION GIVEN IN P	AKI I(e) D	PERFO	RMED?
\[\]					Y	ES	NO 🔀
OR CONTRIBUTING CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Part I or Pert II of i	tem 1B.)			
							10
20c. TIME OF INJURY Month, Dey, Yeer Hour a.m.		CE OF INJURY (Home, farm ory, street, office bldg., etc.		lown) (G	County)		(Stete)
p.m. 19	et work et work						
21. I certify that (I) (this hospital)	attended the deceased from	19 Aug	1961, to.25	ept	19.63, 11	nat (I) ((we) last
saw the deceased alive on2S.s.							
22e. SIGNATURE	1/2-1		450	***		22b	. DATE
Melo	In Moseym	BULLET TOTAL		STAFF PHYS.	C	12/8	SIGNED
22c. PHYSICIAN'S		22d. ADDRESS Ar	mir Hosni	Te+	0/2/	61	
NAME (Type) Malcolm	McLean, M.D.				1 -1		
23e. BURIAL, CREMATION, 23b. DATE THEREOF		OR CREMATORY		ving Grou			tete)
MENOVAL (Conside)	0.11	1/1/	121	1: -	· lan	1	,
Burial 9/5/1961		emorial garden.			/ July	01	
24 FUNERAL DIRECTOR'S SIGNATURE	Tarring RESFunera						
John 4 Sarring -	- aherdeen. "h	DATE S	EP 6 '61	Orthun	S. The	1A	
2150181×1/2							



paper comple withi carbon and ding aften þ signed burial-transit has been certificate hospital as 0 use prior for After this DIRECTOR: pino director, I

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MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEARCH** CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 e. IS RESIDENCE ON A FARM? YES NO NAME OF DATE Month Dev Year DECEASED DEATH (Type or print) 19 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdey) Months WIDOWED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY & State, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no. or unkown) | (If yes give wer or dates of service) Street, Maryland. William J. Cochran 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 3511 IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate ceuse DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? NO X 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) Not While While Hour a.m. et work et work 5/. 6/...., 19...., that (I) (we) last 21. 1 certify that (I) (this hospital) /attended the deceased from. to (A), and that death occurred at (a) alm, from the causes and on the date stated above. saw the deceased alive on. 226. DATE 22a, SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Abingdon, Harford, Maryland. Sept. 4.1961 Cokesbury Memorial 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS Comas & Abingdon Maryland.

DATESEP

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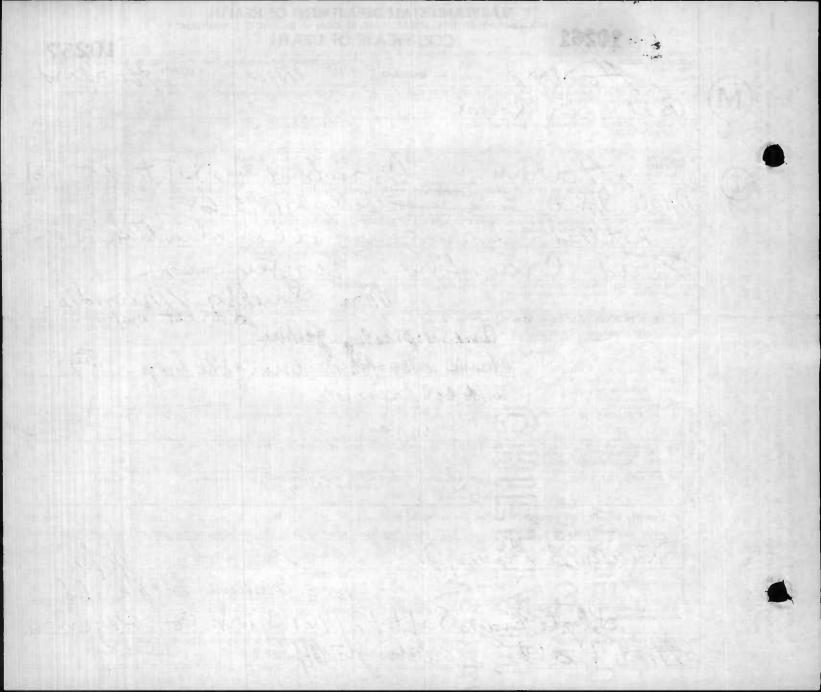
211234 HANDE LEGISTER OF HER SENTER BETTER . State of the Cocaran Street, Mary and. Bugiat Sart. , 1961 - Cokesoury Merarial Abirgoon, Harford, Morgiand. Howard E. Me Scane & Son Abingdon Murylund.

CERTIFICATE OF DEATH director, .± PLACE OF DEATH o. COUNTY o. STATE P MARYLAND b. CITY OR TOWN (If outside conparate limits, write c. LENGTH OF STAY IN 1b RURAL and give negrest towal) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION N NAME OF First Middle 4. DATE DECEASED OF DEATH (Type or print) MERRIED THEVER MARRIED 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR DIDUSTRY during mest of working life, even if retired) pup 16. SOCIAL ECURITY NO. 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1B. CAUSE OF DEATH [Enter anly one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gned gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. **buriol-tronsit** 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Hour a.m. While Not while at wark ot work saw the deceased alive on DIRECTOR: 22a. SIGNATURE ATTENDING M.D. PHYS. DIRECTOR | 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23g. BURIAL, GREMATIO DATE THEREO! ADDRESS REC'S BY REGISTRAR VR A1S (4)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town e. IS RESIDENCE ON A FARM? YES NO Year 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Last birthday) Months Dovs Haurs INTERVAL RETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II af item 18.) (County) (Stote) _____19___, and that death accurred at ____M, from the causes and an the date stated above. 22b DATE SIGNED 23d. LOCATION (City_town, or county) 25b. REGISTRAR'S SIGNATURE Cirlling S. Kraus

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VR A1S (4) 1SM 9/S9

MARYLAND	STATE	DEP	ARTMEN	T OF	HEAL	TH

	10262	CERTIFICA	TE OF DEATH	I MAKILAND	10258
	PLACE OF DEATH O. COUNTY HARFORD	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If instit b. COUN	rutian: Residence befare admission) TY ARFORD
A	b. CITY OR TOWN (If autside corporate limits, write RURAL and give rearest town) AURC (ORAC) d. NAME OF HOSPITAL (If nat in haspital, give street	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	e RURAL and give nearest tawn) e. IS RESIDENCE
1	HARFORD MemoRIAL	HOSPITAL	1107 40	eswood	ON A FARMY
	NAME OF DECEASED (Type or print) MARVIN ANDRO	Middle CRC.	5 WCLL	OF DEATH Sept	tenber 32 196
1	MALE White WIDOWE	D DIVORCED	DEC. 18, 19	9. AGE in year lost thinday	rs. Manths Days Haurs Min
	USUAL OCCUPATION (Give kind af wark dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR IND	Md.		12. CITIZEN OF WHAT COUNTS
	Deorge Creswe	LL	14. MOTHER'S MAIDEN	= GORR	eLL
IS. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? (If ye, give were reduced of service)	SOCIAL SECURITY NO.	IRE, EUND B	- D	ELAIR, MD.
	1B. CAUSE OF DEATH [Enter only ane couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	- 1 -	nany sec	Cersion	INTERVAL BETWEEN
	Canditians, if ony, which') (b)	ASCVD	0		untroco
	gave rise to immediate cause (a), stating the under-lying cause last.				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERM	NINAL DISEASE CONDITION (GIVEN IN PART 1(0) 19. WAS AUTOPE PERFORMED? YES NO [
CERTIFI	20g. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II af item 1B.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Haur o. m. 19 While p. m. 19	Nat while f	PLACE OF INJURY (Home, farr actary, street, office bldg., etc.		(County) (Sta
	21. I certify that (I) (this hospital) attends saw the deceased alive on	11	9/19/41 19 death occurred at 45		and on the date stated above
	220. SIGNATURE for W. Grys	Ceit 10-	ATTENDING M	AED: STAFF PHYS. (1)	- 9/22/6 SIGN
	22c. PHYSICIAN'S NAME (Type) and W. Gnic	ocloit	22d. ADDRESS 608 5.66	mion St. 4	laves de Grace, M
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	n, ar county) NE TON, MD.
24	UNERAL DIRECTOR'S SIGNATURE	DELTA,			GISTRAR'S SIGNATURE

A SE SEE CONTRACT OF SERVICE AND A SERVICE A The second of the second of the second L wife was a con

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

10263

moy be fined by the hospital ar attending physician.

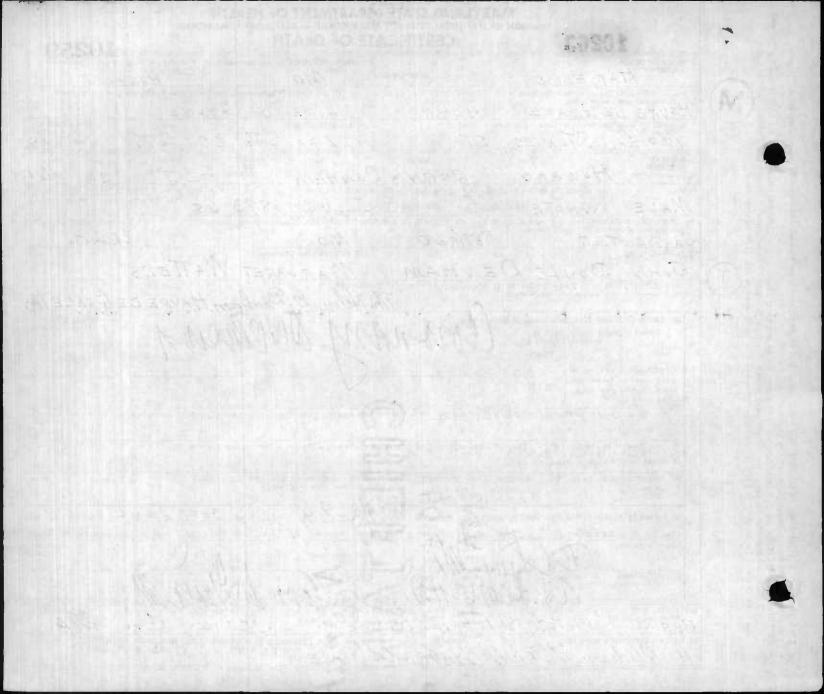
D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remave carban popers. Pages 1 the State Boord af Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. TO FUNER ZE

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH**

	10263	CERTIFICA	IE OF DEATH	10259
1. PLACE a. COU	OF DEATH NTY HAR FORD	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If instit a. STATE b. COUN	
b. CITY	OR TOWN (If outside corporate limits, write AL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write	e RURAL and give nearest town)
d. NAA OR I	REDECTRACE AE OF HOSPITAL (If not in hospitol, give stre NSTITUTION STOKES	et oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO D
3. NAME DECEAS (Type o	SED 1/	Middle BUPNA	DENHAM Lost 4. DATE OF DEATH SEP	Aonth Day Year 7. 30 196/
5. SEX	1 - 0 -	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH JULY 29 1893 68 y	rs FUNDER 1 YEAR FUNDER 24 HRS.
during	L OCCUPATION (Give kind of work done 10 g most of working life, even if retired) PENTER PENTER	RETIRE D	STRY 11. BirthPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER		ENHAM	14. MOTHER'S MAIDEN NAME MARGARET WATT	FRS
15. WAS D	DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. JP		ddress REDEGRACE/NO
Con gove couse	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ditions, if any, which be rise to immediate (a), stating the under- cause last. DUE TO (c)	life (g), (b), ond (c).]	M OBCHRIO	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION CERTIFICATION		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION (GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CCIDENT WAS UNDERLYING ADDITIONAL PROPERTY OF DEATH HER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port 1 or Part II of item 1B.)	
	Hour o. m. Whi	1.	ACE OF INJURY (Hame, form, ctory, street, office bldg., etc.)	(Caunty) (State)
sow	certify that (I) (this haspital) attention the deceased alive an	As .	11 4 000	30, 1961, that (1) (we) last ond on the date stated above.
	IGNATURE HYSICIAN'S	solly o	M.D. PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
	IAME (Type)	yelm	Harry JI STUB)M)
REMO	AL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY OF	R CREMATORY 28d. LOCATION (City, 16w)	o. Mp.
24. FUNER	AL DIRECTOR'S SIGNATURE	HAVRE DO		GISTRAR'S SIGNATURE



lay is necessary, reral director. Page and for your files. e Poard of Health,

TO DE CY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the Medical should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EVAMINED'S CERTIFICATE

10264 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE Where deceased lived, If institutions to de legel of decission)
Harland MARYLAND	o. STATE M. S. COUNTY tarted
b. CITY OR TOWN (if outside co-porate limits, and I c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If putsida corporate limits, write RURAL and give neerest town)
write RURALy and give nearest town)	& Churchullo-
TO CHAME OF THE PUBLIC OF THE PROUBLE NOT IN HOS PINE GIVE HOR OR SEED OF	d. STREET ADDRESS A I e. IS RESIDENCE
Alding Road Memoria	Aldino Road VES NO
3. NAME OF BOBBIE Middle Address	Last 4. DATE Month Day Yeer
(Type or print) 5. SEX a 16. COLOR OR RACE THAT A SUPPLY OF THE PRINT	Dotsov DEATH 9-7 1961
1. MAKRIED NEVER MAKRIED	June 27, 1941 9. AGE (in yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Monihs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OF INDUSTI	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, evan if retired) Laborer Garbage Dispos	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Clyde Dotson	Marie Mahan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgive werordalas of service) 7. (20. 20. 20. 20. 20. 20. 20. 20. 20. 20.	INFORMANT Address
No No (Iryes give wer or datas of service) 162-32-2599	Mrs. Louise Dotson, R*1, Aberdeen, Md
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Aprill ONSET AND DEATH
825 X DUE TO	
C. 191	
gave rise to Immediate causa	
(e), steting the undarlying DUE TO	
(6)	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY BY CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	PERFORMED?
V C C C C C C C C C C C C C C C C C C C	YES NO IN
20s. EXTERNAL CAUSE WAS PIMARY A OF CONTRIBUTING DICAUSE OF DEATH.	Enter neture of Injury in Part I or Part II of item 18.)
	con
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home fact. 20f. (City or town) (County) (Stete)
2 P.D. 190 at work at work Ed	serrough suren und Ha W
21. I certify that I took charge of the remains described above,	ald an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes , Accident , Suice	ide Homicide Undetermined manner
2 2 2 2 2	CHIEF MEDICAL EXAMINER R RANGE
ACTUAL SIGNATURE CONTROL CONTROL	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S GETOLD PTO MET 4	Address (Street, city, town, or county)
228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	R CREMATORY 22d. LOCATION (City, town, or country) (Stata)
Burial 9/11/61 Harford Mem	. Gardens R.D. Aberdeen, Maryland
23. FUNERAL DIRECTOR Tarring France al Hom	1 Ot - DECID BY DECISED AND DE
Hally M. Aberdeen, Md.	DATE 1 3 '61 CALLET A. PENALURE
John G. Tarring	
John G. Tagring	

ide-32-2599 res. toulas Dougan, Bell, Aberdson, ad. nebund me bullian foldier fator Aberdseb. Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be kneed by the haspital or attending physician.

TO FUNE C. BIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral discretary. by the funeral dia star, and 2 shauld be filed with may be tined by the haspital ar attending physician. **D FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely fille page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Baard af Health priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10261

1	1. PLACE OF DEATH a. COUNTY Harford AMARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Harford Harford
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flown) RURAL and give nearest flown) RURAL and give nearest flown) Be Rural and give nearest flown) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flown) RURAL and give nearest flown) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flown) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flown) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flown)
1	HAR FOR A MEMORIAL HOSPITAL BOX 254. ON A FARM? YES NO INSTITUTION 3. NAME OF First Middle CV Last 4. DATE Month Day Year
1	(Type or print) George M. Codwards. OF DEATH 9 10 1961.
)	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) 77 yrs. IF UNDER 14 HRS. Manths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Merchant / Red Store 12. CITIZEN OF WHAT COUNTRY? U.S.A.
	Maurice adwards. 14. MOTHER'S MAIDEN NAME Lydie Long
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17-INFORMANT Address (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. 17-INFORMANT 17-INFORMANT 10 4 C C C C C C C C C C C C C C C C C C
	1B. CAUSE OF DEATH [Enter only one cause for the for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OSTERIOR Mujo Cardial infanction 2 days
	Conditions, if any, which gave rise to immediate cause (a), stating the under: lying cause last. (b) Posterior Coronary occlusion 2 days DUE TO Generalized arteriosclerolic Cardio - years.
)	PART IF OTHER SIGNIFICANT CONDITIONS CHIRIBUTING TO BEATH BUT NOT REQUED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO IN CONTRIBUTING TO CAUSE OF DEATH 206. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (If EITHER, NOTHER MEDICAL EXAMINER)
	20c. TIME OF INJURY Manth, Day, Year Haur a. m. p. m. 19 20d. INJURY OCCURRED While Nat while at work of wark 12 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
	21. I certify that (I) (this hospital) attended the deceased from The first saw the deceased alive an extra 19.01, and that death occurred at the gram the causes and an the date stated above.
	220. SIGNATURE 220. SIGNATURE 220. SIGNATURE 220. DATE PHYS. 220. DATE PHYS. 220. DATE PHYS. 220. ADDRESS NAME (Type) Edward C. Loo, M.D. PHYS. 221. ADDRESS Have do Grace lud.
	23a. BURIAL, CREMATION, REMOVAL (Specify) 8 Urial 9/13/61 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 9/13/61 Mt. Zion Cemetery RD. Bel Air. Maryland
	21. AUNERA DIRECTORSSIGNATURE Tarring ADDRESS DETAIL TO DATE TO BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE TO BY REGISTRAR'S SIGNA

The year of your select format and designed of the little of the little The contract of the contract o

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10266

1	COUNTY Garlore MARYLAND	o. STATE Mary law b. COUNTY	rlard
	b. CITY OR TOWN (if outside corporate limits, yille RURAL end give neerestrown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give neerest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS # 22	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Williams Gerhant 4	Lest of DEATH Sept.	Pott 1961
	Meale white WIDOWED DIVORCED	160 10 - 16 19 6 yrs.	eys Hours Min.
7	USUAL OCCUPATION (Give kind of work during most of working life, even intertired) ATMILL Self eurose Tarill	Maryland	en of what country?
	WAS DECEASED EVER IN U.S. ARMED FORCES? LIA SOCIAL SECURITY NO. 1.17	Hun Dullare	
	s, no, or unkown) (Ifyesgivewerordetesofservice) World Mile	sude V. Greenland-Aberde	en # Z. Wed
	18. CAUSE OF DEATH [Enter only one ceuse parline for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)	Thumbreis	ONSET AND DEATH
	Conditions, if any, which geve rise to immediate cause	leight El Disease	6415
	(e), steting the underlying DUE TO		
ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		PERFORMED? YES NO
L CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter netura of injury in Part I or Pert II of item 18.)	
MEDICA		ACE OF INJURY (Home, ferm, 20f. (City or town) (Countery, street, office bldg., etc.)	
		geath occured 7:00M, Printed causes and on the	
	226. SIGNATURE REPUBLISHED TO SIGNATURE REPUBLISHED SIGNATURE REPUBLISHED SIGNATURE REPUBLISHED SIGNATURE REPUBLISHED SIGNATURE REPUBLISHED SIGNATURE REPUBLISHED SIGNATURE	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS	22b. DATE SIGNED
	NAME (Type) I IX a I P h I TOVA	of chuichous no	(6)
23	Surial Sept. 23/1961 Swith Chafe	or CREMATORY 23d. LOCATION (City, town or county) Weekers + abexteen 2 7	Mary ace
24	To the G. 8 arring - ales been . red_	25a. REC'D BY REGISTRAR' 25b. REGISTRAR'S SI	
-		2	· Mayo

filled in by the funeral, Pages 1 and 2 should. within 24 hours, after TO HOGENTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours death.

See death.

TO FULL ALL DIRECTOR: After this certificate has been signed by the attending physician and comple illed in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 15M 9/60

1333 and the 2012/2019 the land with the Shoother Marie Haracot, soft soft and the section of the section o W. Man Every man Koned Mad at Emakert - Warden " & the Left to find about the titled the standar of the state of the titled were to the sure abordery that were the

ARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE.	18
	Item 9	Film G295	9/21/61	iwk	

MARYLAND	STATE DEPARTMENT	OF HEALTH-	
10267	CERTIFICATE	OF DEATH	
1	11		

-	Reg.	Dist.	No	0:	26	:3

10001	Reg. Dist. 1900
1. PLACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	Manyland Harton
RURAL and give negrest town Aural Lifelanh	c. CITY OR TOWN (If outside corporate limits, write RURAL and give meanest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS. e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Edward Loo	Hooper de Seint, 16 196
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) North Control of the control o
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Builds:	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME WALLE OF ME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	Hormany James Cooper High nel
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (O)	occlosion 1
Conditions, if any, which) (b) Severe A	rterio selerosis
gove rise to immediate (FCVIO SCIRFOSIS
lying couse lost.	
. 19	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Hypertension	CVA 3-11, 300 PERFORMED?
	D. (Enter nature of injury in Port 1 or Port II of item 18.)
Z 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) tory, street, office bldg., etc.)
21. I certify that I attended the deceased from.	195/, to Sept- , 196/, that I last saw the decease
alive on 196, and that death	occurred of 430 M, from the couses and on the dote stated above
ACTUAL (NO.)	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE / Man a. / you	M.D. Mingsville, Md. 9-16-6
PHYSICIAN'S NAME (Type)	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) Dept. 18 196 B. L. aur Mo	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
W. Willeler Benson U	Ld DATE DO DO SES OF SE

1 1 3 3 3 , 0, . . . THE REPORT OF THE VALUE OF THE PARTY.

director, iled with 1. PLACE OF DEATH be filed a. COUNTY g. STATE MARYLAND Harford Maryland within 24 hours after death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give negrest town) pluods Aberdeen vrs. Aberdeen d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 57 NAME OF First Middle DATE Last DECEASED (Type or print) DEATH Helen E Hueitt 9. AGE (In years lost birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH female colored WIDOWED [DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or fareign country) during most of working life, even if retired) none Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William G. Hueitt Mary B. Jackson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes. no. or unknown) attending no Mrs. Pauline E. Tasco none Aberdeen 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia with Acidosis DUE TO that Renal Insufficiency Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the under-Diabetes Mellitus lying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year factory, street, office bldg., etc.) 0. 1) While Not while at wark at work D. M 21. I certify that I attended the deceased fram July to Sept. 4. 19 61 that I last saw the deceased alive on Sept and that death occurred at 6:30 M, fram the causes and an the date stated above. 569 Revolution Street ACTUAL de Grace. SIGNATURE 5 P O HOSPITAL PHYSICIAN'S George T. Stansbury 569 Revolution St., Havre de Grace, Md., NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Sept. 7.1963 Greenspring Havre de Grace R.D.. 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR

Abingdon

Md..

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 22a Film G295 9/18/61 1wk
CERTIFICATE OF DEATH Reg. Dist No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Harford c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? YES NO K Month Day Year

19 61

IF UNDER 1 YEAR IF UNDER 24 HRS

II.S

Hours

12. CITIZEN OF WHAT COUNTRY?

Maryland

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO IX

> > (State)

DATE SIGNED

/61

(State)

Marvland.

Davs

(County)

arthur S. Kraus

Sept

yrs.

Address

Months

VS A15 (4) 15M 9/55

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				TO THE STATE OF TH

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY Page b. COUNTY MARYLAND ar b. CITY OF WN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) y is neces write RURAL end give, neerest town) de NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Po Boar d. STREET ADDRESS a. IS RESIDENCE era ON A FARM? be retained th the State B YES NO 4 death. NAME OF Middla DATE 4. Month Yaar DECEASED OF and 3 to the (Type or print) DEATH within 24 hours after death. If 19 after with 6. COLOR OR RACE 8. 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 2 with last birthday) Months Devs Hours 5 m d 2 WIDOWED A DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) form PM3. Page in Item 18. Give Pages 1, pages 1 somest a FATHER'S NAME 13. MOTHER'S MAIDEN NAME essor File event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yas, no, or unkown) | (If yes give war or detes of service) 3 with any Office along w burial-transit po 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: in pencil IMMEDIATE CAUSE (a) ONGR MEDICAL EXAMINER: This certificate should be removal DUE TO "pending" geve risa to immadiata cause ro DUE TO as (a), steting the underlying Examiner' 50 used causa last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? pe xecute the certificate, writing the word Chief Medical E YES NO 20a. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I or Pert II of item 18.) PRIMARY Or CONTRIBUTING burial, CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 20e. PLAGE OF INJURY (Home, farm, ; 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year forwarded to the Chi (County) (Stete) prior to factory, street, office bldg., atc.) While Not While at work at work Draw 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion agent, Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER its designated ACTUAL FUNERAL 1 ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22e. BURIAL, CREMATION, 22b. THEREO pleas 4 sho Ä REMOVAL (Specify) OH 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR VS. A15ME 5M 9/60 arthur & Traces

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
10270 MEDICAL EXAMINER'	S CERTIFICATE OF DEATH
1. PLACE OF DEATH Items 8 & 9Film G297 COUNTY Harford MARYLAND	2. OSUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission)
b. CITY OR TOWN (It autiste corporate limits, write RURAL ond give nearest fown) 1-ave de Brace 1-ave de Bra	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Baltimor Pipe Zine	d. Street address R.D. 1 Grantville, Pa. Con a farm? YES NO [
3. NAME OF First Middle (Type or print) George	Low Jean Amphil Doy Year Death 9- 22 1961
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH 10-5-03 190 9. AGE In years IF UNDER 14 AR Months Days Hours Min,
Oo. USUAL OCCUPATION (Give kind of work done of the construction of working life, even if refired) Construction	STRY 11. BILTUP (ICE (Stote or foreign country) 12 CITIZEN OF WHAT COLINTR
3. Extiper's NAME OF SOU	14. MOTHER'S MAIDEN NAME BLANCHE LENTZ
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 176. no. or unknown 179. 179. 179. 179. 179. 179. 179. 179.	INFORMANT Address Office Mgr. Louis J. Wimer R.D. Havre de Grace. M
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost. (c)	on frain
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20g. EXTERNAL CAUSE WAS PRIMARY DOT CONTRIBUTING CAUSE OF DEATH. CAUSE OF DEATH.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	(Enter noture of injury in Port 1 or Port 11 of item 18.)
Hour o. m. 9-22 1941 While of work of work Bal	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) tory, street, office bldg., etc.) thank do brutha.
21. T certify that I taak charge of the remains described abordinion death resulted from: Natural causes [], Accident	
ACTUAL SIGNATURE LEVELA C Palmer	M.D. CHIEF MEDICAL EXAMINER 9-22-61 DATE SIGNED
EXAMINER'S Gerald e Polmen M.D	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER D
220. DATE THEREOF 220 CHESTNUT	MADVSVITERE PA
23. FUNERAL DIRECTOR'S SIGNATURE Bailey Darling	to AN DATE CED 2 5 761
Sent to Henry Fish O Fund St. Henry Shirm' Fenns	20 Line J. Trans

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death.

Solution of the death of the hospital or attending physician.

Solution of the death of the death of the hospital or attending physician or solution of the death of th

	ND STATE DEP		HEALTH		
DIVISION OF STATISTICAL RESEARCH			STREET, BALTIMO	DRE 1, MARY	LAND
10271	CERTIFICATE	OF DEATH		109	288
. PLACE OF DEATH	0	. USUAL RESIDENC	E (Where deceased lived, If	institution: Residence	e before edmission
Jan Mar	MARYLAND	MATE	b. cou	//. /_	1
b. CITY OR TOWN (if outside corporete limits,	NGTH OF STAY IN 16	c. CITY-ON OWN (IF	outside corporate limits, wri	te RURAL and give n	nearest town)
write RURAL and give names fown)	11114000	16.	111 .	- 1/1	
Tanede Mace	494	d. STREET ADDRESS	- Elean	- 07	e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, g	ive street eddress)	d. STREET ADDRESS	1	1	ON A FARM?
		126 T	runtain		YES NO
3. NAME OF First	Middle	Last	4. DATE Moni	th Day	Yeer
(Type or print) Kussee Wat	Berl 71	Teller	DEATH 9	115/61	19
5. SEX 6. SOLONOR RACE 7. MARRIED	NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Temale While WIDOWED TO	DIVORCED [9/13/187	9 Past birthdey)	Months Deys	Hours Min.
IDe. USUAL OCCUPATION (Give kind of Work 10b. KIND OI		1. BIRTI PLACE (County	& State, or foreign country	1 12. CITIZEN O	F WHAT COUNTRY
done during most of working life, even it etired)		D		115	, V
House Wife M	me	Venne	restoana	c W.O.	, 1
3. FATHER'S NAME		4. MOTHER'S MAIDEN A	11)	01	
andrew R. Walker		Marah	Mian	w .	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIA Yes, no, or unkown (lifyes givewer or detes of service)	L SECURITY NO. 17. IN	FORMANT	1 12 Addy	San Al	-1.
no- lluk	worm Kell	lean M. F.	14 20 17	and sich	Tiace 2
18. CAUSE OF DEATH [Enter only one cause per line for	(at, (b) and (c).)	- 11	600	acces of INT	ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Ulan de	who to	all ollow	10	GLG _
IMMEDIATE CAUSE (e)	0000	creation creation	10-40		pro-
T DUE TO	Ch. cli	Cin	//	2	71.0 6
Conditions, if any, which geve rise to immediate couse	nua	Cong	rum a	J	monu
(a), stating the underlying DUE TO	//.	-1.1.0	el al	/	20.
couse lest. (c)	dun	Some	asepacin	ther 1	47
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT	RELATED TO THE TERMIN	AL DISEASE CONDITION GI	VEN IN PART 1(e) 1	9. WAS AUTOPSY
20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE OR CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER					YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE	HOW INJURY OCCURED. (Enter neture of injury in P.	art I or Part II of item 18.)		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	OCCURRED 20e, PLACE	OF INJURY (Home, ferm,	· 20f (City or town)	(County)	(State)
		, street, office bldg., etc.)	201. (City of lowin)	(County)	(31816)
p.m. 19 at work	at work	1 /		1	
21. I certify that (I) (this hospital) attempted t	he deceased from	/	9.61, to 9/15	/, 19, tl	hat (I) (we) las
saw the deceased alive on. 915	19. (and that c	eath occured at	M, from the causes	and on the da	ate stated abov
220. SIGNATURE 1 -7 A					22b. DATE
1 alana h. Wackon	non M.D.	ATTENDING M.	ED. STAFF RECTOR PHYS.		SIGNE
22c. PHYSICIAN'S	M.D.	22d. ADDRESS			
NAME (Type)					
	NAME OF CONTROLS	CREWATORY	1924 LOCATION (C)		(Stete)
38. BURIAL, CREMATION, 23b. DATE THEREOF 23c.	NAME OF CEMETERY OF	CREMATORY	23d. 19 CATION (City, to	will of county)	(31010)
9/18/6/ 6	ngel /tel		yane al	Mari	-,Ind,
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	OAA 2 2Se. REC'	D BY REGISTRAR 256. RI	EGISTRAR'S SIGNAT	TURE
Humalut Ven Hawa	de Shace	Ma DATE 8	EP 2 0 '61	Tribun & He	444
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Therefore Maryland Margland Theoford Trained there M menerale bleave 49 gro 726 Forestain Lague Walker Miller 9/15/61 Formale White p 9/13/1879 12 House Wife none Conneglizzania U.S.A. andrew Walker darall March no helmond allow they 120 Fall Thomas me C apple angel thell Fred Gara Del The glittle There The Mid = 889 0 M CULLE WILL

MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town e. IS RESIDENCE STREET ADDRESS ON A FARM? YES NO 3. NAME OF DATE Middle Day DECEASED OF 319 (Type or print) DEATH 5. SEX 9. AGE (In yeers DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. NEVI WARRIED est birthdey) Months Deys Hours WIDOWED DIVORCED VIS. 10a. USUAL QCCUPATION (Giva kind of work 105 KIND OF BUSINESS OR IND 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) iost of working life, even of retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no or unkown) | (Ifyes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), stating the underlying causa last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO I 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED I 20a. PLACE OF INJURY (Homa, form, ! 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 19 21. I certify that (I) (this hospital) attended the deceased from...19......., and that death occured at I.O.P.M, from the causes and on the date stated above. saw the deceased alive on.

ATTENDING

22d. ADDRESS

PHYS.

M.D.

OF

ADDRESS

EMETERY OF EREMATORY

X

MED.

DIRECTOR

25e. REC'D BY REGISTRAR

STAFF PHYS.

23d. LOCATION (City, fown or con

25b, REGISTRAR'S SIGNATURE

Cather & House

22b. DATE

SIGNED

by the and 2 death. þ E 7 5 Pages urs afte pa paper complet within carbon and physician ove please ding and aften Then Φ physician. à signed burial-transit aftending peen certificate hospital 95 use prior Pol the 2 4 efached After P may be retaine DIRECTOR: shoul FUNE ector, å j OI VR A15 (4) 15M 9/60

certificate

funeral

22e. SIGNATURE

22c. PHYSICIAN'S

NAME (Type)

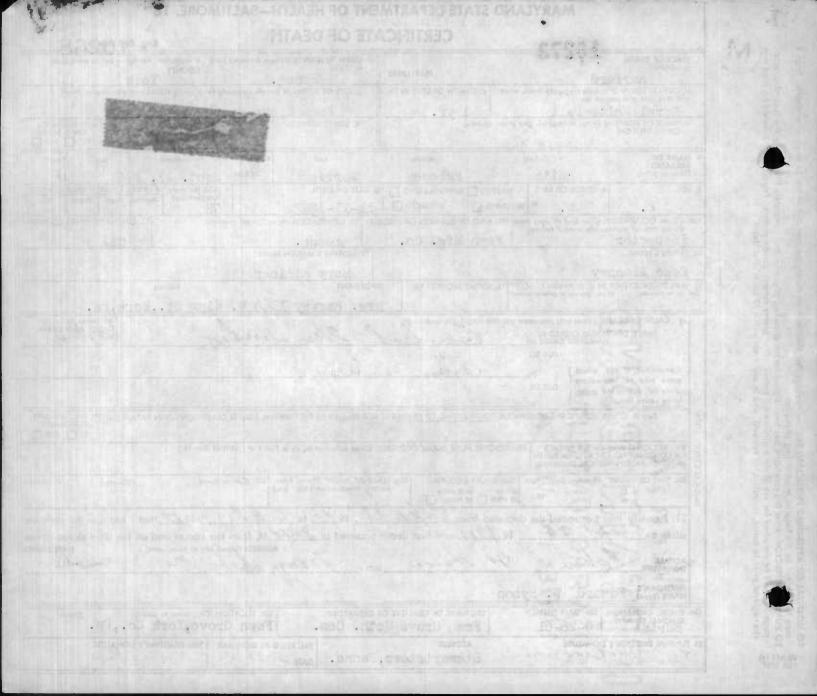
BURIAL, CREMATION,

DIRECTOR'S SIGN

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Pag		TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral direct	page 3 sidely be detached for use as the burial-transit permit. Then please remaye carban papers. Pages mand 2 should be filed w	
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OR A	ed p	REC	be o	riar
¥	dain	9	Ploor	ror p
SPI	may be trained by the haspital ar attending physician.	NE	6 33	the registrar priar to burial, crematian, or remayal, and in any event within 72 haurs after death.
ž	may	30	bod	the
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		MARY	LAND	STATE DEPART	MENT OF		H-BAL	IOMIT.	RE, 1	8		1
					CATE OF		Н			2 200 4	100	
		10273								Reg. Dist. N	126	8
a. COUNTY	TH			MARYLANI	II a STATE	SIDENCE (W	/here decease		institutio DUNTY	n: Residence be	efore admi	ssion)
	rfo					Penns				York		
B. CITY OR TO	WN (If o	outside carporate limi rest tawn)	ts, write	c. LENGTH OF STAY IN 1	c. CITY OI	R TOWN (IF	outside carp	orate limits,	write RL	JRAL and give i	riegrest tov	vn)
Rural		te Hall		l yr.	F	awn Gr	ove.	BANK THE	PARTY			
d. NAME OF H	IOSPITAI TION	(If not in hospitat, g	ive street	address)	d. STREET	ADDRESS	The same			Ma I	e. IS RE	ESIDENCE A FARM?
		Private	home						Tale)	13.		NO D
3. NAME OF DECEASED		Fir	st	Middle	L	ost	4. DATE	35 65 110	Mont	h	Day	Yeor
(Type or print)		Edith		Rebecca	Morr	ie	DEATH	Sept			,	19
5. SEX	1		7. MAR	RIED NEVER MARRIED		-				IF UNDER 1 YE	AR IF UNI	
F.		W.	WIDOW					9. AGE (In last birt		Months Day		
	IPATION			KIND OF BUSINESS OR IN	11-11-		an familia	78	yrs.	10 CITIZEN	10511111	
doring most d	WORKIN	g life, even if retired	1	and the second second	_		e or loreign c	.ouniy)		12. CITIZEN		COUNTR
inspect			F	awn Mfg. Co.		nna.				US.	Α .	
3. FATHER'S NAM					14. MOTHER	S MAIDEN	NAME					
Reed Al	Lmon	ey	15 17			y Kisi	ner					
S. WAS DECEASE [Yes, no, or unknown)	DEVER	N U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	. INFORMANT			Phi ye	Addre	ess		
					Mrs. Ha	rvev 1	366 W.	Kins	St.	.York.	Pa.	
		1 (Enter only one co I WAS CAUSED 8Y: MMEDIATE CAUSE (o		ne for (a), (b), and (c).	1 2	Essen	, mak	LAR		0 2	NSET ANI	D DEATH
3	31	DUE TO		~								
Canditions	if any	, which) (b	,	arken -	- les							
gove rise	to im:	mediate (-	C-Picy1		2						
lying cause	last.	under-										
Z PART II	OTHE	R SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEATH B	UT NOT RELATED T	O THE TERM	AINAL DISEAS	E CONDITI	ON GIVE	EN IN PART 1(o)	19. WAS	AUTOPSY
ž									011 0111	in in a committee of	PERF	ORMED?
20g ACCIDEN	ZAW TI	UNDERLYING [7]	20h DES	CRIBE HOW INJURY OCCUR	PED /Feter enture	of injury in	Part I as Par	t II of Itam	10 \		YES [NO D
PART II 20a. ACCIDEN OR CONTRIBU	TING E	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	200. DE3	CKIDE HOW HAJORI OCCUR	KED. (Enter noture	or injury in	TOTT 1 OF POI	I II OI IIEM	18.7			
				Autor o courses les	DIACE OF HALL	01	Toot					
20c. TIME OF I			20d. II	NJURY OCCURRED 20e. Not while	PLACE OF INJURY factory, street, affi	ce bldg., et	m, ; 20f. (Cit) c.) !	y ar tawn)		(Count	(Y)	(State)
¥ F). m.	19	at wor	k at work								
21. I certif	y that	Lattended the	deceas	ed from SPAS	13.196	1, ta 5	ckk	23	9//	,that I last	saw the	deceas
alive on	SU	1 23	19	[911, and that dea			M fra	m the co		nd on the o	lata stat	tad aba
0		0		E3.2, and mar acc	iiii accorrea a		ADDRESS (S					DATE SIGNI
ACTUAL SIGNATURE_	6	stewar al	0.	r. Ham	. 6	Trans	1		131		9-23-	1-
SIGNATURE		200		1,000	_M.D) (Lav)						
PHYSICIAN'S NAME (Type)	Edv	vard W. H	yson									-
22a. BURIAL, CREA REMOVAL (Sc BUTIE)	AATION, secify)	9-26-61	F	Fawn Grove		n.		TION (City,		k Co., I		ote)
23. FUNERAL DIRE				ADDRESS			D BY REGIS		-	TRAR'S SIGNAT		
		Busher	W	Stewartstow	n.Penne.	DATE S	EP 2 6 1	61		Chur S. Kr		
1 January				Doction of tow.	ing Cillias	DATE				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
									1-11-11			1000



MARYLAND	STATE DEPARTMEN	IT OF HEALTH
		BALTIMORE 1, MARYLAND

10274 Itama 12	CERTIFICAT	E OF DEATH	10	1269
1. PLACE OF DEATH	7 - J & - T - I	2. USUAL RESIDENCE (Where decease	ed lived. If Institution: Residence	before admission)
O. COUNTY HARFORD	MARYLAND	O. STATE MARY/AN	J b. COUNTY HAR	(FARD
b. CITY OR TOWN (If outside corporate limits, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	orate limits, write RURAL and gi	ve nearest town)
RURAL and give nearest town) HANDE JE GOACE	4 DAVS	Rupal Ah	EPDEEN	
d. NAME OF HOSPITAL (If not in hospital, give street oddr	'ess)	d. STREET ADDRESS	52.22	e. IS RESIDENCE
HARFORD MEMORIAL	Hosp.	R4 1 BOX 2	224	ON A FARM?
3. NAME OF First	Middle	Last 4. DATE	Month	Day Yeor
(Type or print) Anna N	1. 09	ONOWSKI DEATH	SEPTEM DER	29 1961
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B.	DATE OF BIRTH	A STATE OF THE STA	YEAR IF UNDER 24 HRS.
1-EMALE WhitE WIDOWED	DIVORCED 🗌	7-11 10	6.3 yrs.	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)	D OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign	country) 12.CITIZ	EN OF WHAT COUNTRY?
Home		Poland	U.	S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
JOSEPH WILLIAM		AnnAu	nknown	
	CIAL SECURITY NO. 17. INF	ORMANT	Address	-
(Yes, no, or unknown) (If yes, give war or dates of service)	4	family	JAME	
1B. CAUSE OF DEATH [Enter only one couse per line for	(a), (b), and (c))	0/0	11)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	dollow	vocaled apo	flefelf	Sept 25
334V DUE TO	11 1-4			
Conditions, if ony, which) (b)	Approlo	~~	/ /	
gove rise to immediate Couse (o), stating the under-	11 00	1-0		
lying couse lost. (c)	Il cert	cro sele	2210	
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CON 200. ACCIDENT WAS UNDERLYING 206. DESCRIB OR CONTRIBUTING 2AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIB	E HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Po	rt II of item 1B.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJUI Hour o. m. 19 of work		CE OF INJURY (Home, form, 20f. (Cirory, street, office bldg., etc.)	ty or town) (Co	ounty) (Stote)
p. m. 19 of work	ot work			
21. I certify that (I) (this haspital) attended	the deceased fram.	1 25 196/ to	Sept 29, 180/	_, that (I) (we) last
saw the deceased alive an Select 29	_19.6/ and that de	eath accurred at 2 M, from	the causes and an the	date stated above.
220. SIGNATURE		1	0 -	22b. DATE SIGNED
6 K. Jimon	M	.D. PHYS. MED. DIRECTOR	STAFF 9-2	9-61
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	9	01
12.014	(0)	Spani Lel 6	to and	nel
23a. BURIAL/REMATION, 23b. DATE THEREOF REMOVAL (Specify)	3c. NAME OF CEMETERY OR	CREMATORY 23d. LOCA	ATION (City, town, or county)	(Stote)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 proip by proil	TRAP OSC DECISTRADIS CIC	NATURE
m. C I I	3/1	250. REC'D BY REGIS	7.4	, ,
11/c willy Juneral Home	. Walkmare	DATE OF 3	61 arthur S	Haus .

m City Fared Home Belton IN

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be required by the haspital or attending physicion.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the last death. Page 4 may be required by the haspital physicion.

TO HOSPITAL OR ATTENDING THE HOURS after this certificate has been signed by the attending physicion and campletely filled by the funeral director, page 3 strauld be detached for use as the burial-transit permit. Then please remained pages 1 may 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.

9	חחחר		CERT	IFICA	TE OF DEAT	TH		Regs Distable	% O
PLACE OF DEATH	UL 13				2. USUAL RESIDENCE (Where deceases	lived If institution	1416	/+/
o. COUNTY	rford		MAR	YLAND	o. STATE Mary		b. COUNTY	Harfo:	
b. CITY OR TOWN RURAL ond give	(If outside corporate liminearest town)	its, write	c. LENGTH OF STAY	Y IN 1b	c. CITY OR TOWN (f outside corpo	rote limits, write RI	URAL ond give ne	arest town)
	lon, Rural		20	yrs	Abingd	on R.D	. # 1		
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospitol, g	give street	oddress)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
					Emmorto				YES NO
NAME OF DECEASED (Type or print)	Fir Walte		Middle	φ.	Peaker	4. DATE OF DEATH	Sept	. 0	ay Yeor
SEX			IED NEVER MARR	IED I	B. DATE OF BIRTH		9. AGE (In years		F IF UNDER 24 HR
male	colored	WIDOWE	DIVORCE	ED 🗀	May.17, 18		lost birthdoy) 68 yrs.	Months Days	Hours Min.
la. USUAL OCCUPAT during most of wo	ON (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (Sto	ite or foreign co	ountry) .	12. CITIZEN C	OF WHAT COUNT
Labor			F	arm	Harford	Co. Ma	ryland	U.S	S.A.,
. FATHER'S NAME					14. MOTHER'S MAIDEN				
C 4	onlan Deale	_			Carrata	That do			
. WAS DECEASED EV	enhen Peake ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	O. 17. IN	Sarah I	WOILE	Addr	ess	
(es, no, or unknown)	(If yes, give war or dates of s	ervice)	17-09-6191		fattle W De	okom			. m.d
no	Ame for				lattie V. Pe	aker	Abingdon		
TO A PARTY AND A STATE OF THE S	ATH [Enter only one co ATH WAS CAUSED BY:	use per lir	ne for (o), (b), and (c)	1-]	A 7+			INT	ERVAL BETWEEN SET AND DEATH
IMMEDIATE CAUSE (0) CANCENOMA PROFILE									
1 / / x	DUE TO			4					
				110					
Conditions, if		1	wi	en	melastes	01			
Conditions, if gove rise to couse (o), stoting	immediate (wi	en	melastes	01			
gove rise to couse (o), stoting lying couse lost	the under-)	wi	en	metastes	01			
gove rise to couse (o), stoting lying couse lost	the under-)	ONTRIBUTING TO DE	EATH BUT	Melayles	MINAL DISEASE	E CONDITION GIV	EN IN PART 1(0)	PERFORMED?
gove rise to couse (o), stoting lying couse lost PART II. OT	immediate the <u>under-</u> ther SIGNIFICANT CON	DITIONS C			MELASTER			EN IN PART 1(o)	19. WAS AUTOPS: PERFORMED? YES \(\) NO \(\)
gove rise to couse (o), stoting lying couse lost PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	immediate p the under ther SIGNIFICANT CON AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY (OCCURRED	. (Enter noture of injury i	n Port I or Port	II of item 18.)		YES NO
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STATE DEPARTMENT OF HEALTH Division of STATISTICAL RES **BALTIMORE 1, MARYLAND** 1027 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) y is necessary, I director. Page a. COUNTY files. Health, HARFOR MARYLAND TARFORD b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) for your Board of b weite RURAL and give nearest town) KALMIA RURA RLINGTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 6 MILES NORTH OF BELAIR retained he State E YES NO NAME OF Middla 4. DATE Month Day Year DECEASED 3 to the OF the (Typa or print) DEATH SEP 19 pe 4 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) hours and Months Days Hours WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? PM3. Page pages I an within 72 done during most of working life, even if retired) Pages CRANE OPERATOR CONSTRUCTION NOTON-PM3. 13. FATHER'S NAME RICHARDSON FIG 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, np, or unkown) | (Ifyesgive war or detas of service) OST 65 215-34 EMMETT CHETTY DARLINGTON, M 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: SSION, BRAIN & SKULL FRACTURE INSTANT removal AND FRACTURE ZNO AND BRD CERVICAL Conditions, if eny, which VERTEBRAE AND SENERED SPINAL gava rise to immediate causa 10 DUE TO Examiner' as (a), steting the underlying CORD pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY Medical Ex should be u CERTIFICATIO PERFORMED? ecute the certificate, writing the word be forwarded to the Chief Medical E RAL DIRECTOR: Page 3 should be MANDIBLE, MAXILLA, FRACTURES LT KADIUS, ULNA, FEMUR, LT CHEST NO M 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.)

AUTO ACCIDENT - RAN INTO READ 20%. EXTERNAL CAUSE WAS PRIMARY D. or CONTRIBUTING CAUSE OF DEATH. IRACTOR TRAILER buri MEDICAL Month, Dey, Year 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Homa, ferm, ; 20f. (City or town) should be forwarded to the Chi FUNERAL DIRECTOR: Page its designated agent, prior to b (County) factory, street, office bldg., atc.) While Not While KALMIA. BELAIR HARFURD at work at work HIGHWAY 21. I certify that I took charge of the remains described above, held an Autopsy Inspection M. Inquiry and in my opinion death resulted from: Natural causes Accident X. Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE SEPT 28, DEPUTY MEDICAL EXAMINER EXAMINER'S plnous NAME (Type) Address (Street, city, town, or county) DELHIR 9929 NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City. (State) EMOVAL (Specify) Ø40 9 EW BRIDGE DURIAL COM FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 9/60 DATEOCT 2 Cirthur & Thous

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MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND **Division of STATISTICAL RESEARCH** MEDICAL EXAMINER'S idence before edmission) . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution e. COUNTY Page Health, a. STATE b. COUNTY director. Pay MARYLAND b. CITY OR TOWN (if outside corporele limits, c. LENGTH OF STAY IN 16 c. CITY OR IOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) STREET ADDRESS e. IS RESIDENCE Boar Por ON A FARM? YES X NO enil State NAME OF Middle 4. DATE Month DECEASED OF rei the 1961 to th (Type or print) DEATH with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. Page 5 may be 1 and 2 with in 72 hours af last birthdey) 35 WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) U.S. GOVERNMENT S.A. U.S. Hrmy pages 1 within PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lottie Eddie E 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (W: (E) Address Route#1, Box 88 (Yes, no, or unkown) | (Ifyesgive werer deles of service) Mrs. HELEN MARIE PISSINGET FAllston, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), ! INTERVAL BETWEEN e along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) pue Office DUE TO **burial** removal, Conditions, if eny, which (b) geve rise to immediate cause (0) DUE TO (e), steting the underlying Examiner 35 cause lest. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PERFORMED? should be i NO 0 Medical 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. writing to Chief A 20d. INJURY OCCURRED | 10e. PLACE OF INJURY (Home, farm, 1 20f. (City or lown) (County) Month, Dev. Year (Stele) Not While factory, street, office bldg., etc.) 0 While the R. P. et work el work p.m. prior o the 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry and in my opinion forwarded to L DIRECTC afed agent, death resulted from: Natural causes Accident Suicide 4 Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ecute 1 should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22c. (Stele) REMOVAL (Specify) Mt. ZOON Methodist Cemetery Fountain Green, Harford Co., Maryland 40 9 BuriA 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS W. Brondway + Will Parms Sto arthur S. Thates VS. A15ME Beltie, marylan DATE 5M 9/60 Joseph W. Foster

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DIVISION OF STATISTICAL RESEARCH EET. BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Whara daceased lived, If Institution: Residence before edmission) a. COUNTY the day MARYLAND death. by th b. CITY OR TOWN (if outside corporate limits. WN (Loutside corporata limits, write RURAL and give hearast town) c. LENGTH OF STAY IN 1b 5 arling Pages filled aft d. NAME OF HOSPITAL OR NSTITUTION (if not in hospitel, give street eddress) hours 3. NAME OF Middle DATE Month DECEASED OF comple DEATH (Type or print) 9. AGE (In Years | IF UNDER 1 YEAR SEX 7. MARRIED NEVER MARRIED lest birthdey) pue Months WIDOWED 12. CITIZEN OF WHAT COUNTRY? State, or foreign country) death ding 1B. CAUSE OF DEATH [Enter only one couse per line for (e), I. DEATH WAS CAUSED BY: physic IMMEDIATE CAUSE (*) Coronary Thrombosis Cerebral Thrombosis geva rise to immediate cause DUE TO Hypertensive-Arteriosclerotic Heart Disease PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certifical as 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH After 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 2Df. (City or town) factory, street, office bldg., etc.) While Not While may be retained DIRECTOR: Af Hour a.m. at work at work 1960 to Sept . 17, 1961, that (I) (we) last ...1961..., and that death occured at...A.M., from the causes and on the date stated above saw the deceased alive on DEDt. 22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S Stansbury director, be filed TO FUN 23a. BURIAL, CREMATION, 23b, DATE THEREOF

e. IS RESIDENCE ON A FARM?

YES NO X

Year

19

ONSET AND DEATH

PERFORMED?

(County)

arlhun S. Traus

NO X

(State)

22b. DATE

IF UNDER 24 HRS.

Day

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24 JUNERAL DIRECTOR'S SIGNATURE

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 the attending physician and campletely filled by the funeral directar, Then please remove carban papers. Pages 1 and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be lined by the haspital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the buriol-transit permit. Then please remove carban papers. Pages 1 the Stote Board of Health priar to buriol, cremotion, ar remavol, and in any event, within 72 hours after death. MADVIAND STATE DEPARTMENT OF HEALTH

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IVISION OF STATISTICAL	RESEARCH	AND RECORDS -	- BALTIMORE	1, MARYLAND

	DIVISION O	F STATISTICAL RESEARCH	AND RECORDS - B	ALTIMORE 1, MAR	YLAND	
	10279	CERTIFICA	TE OF DEA	TH		LOOMA
1. PLACE OF DEATH	20410		2 USUAL RESIDENCE	E (Where deceased lived	I. If institution: Reside	nce perore admission)
o. COUNTY	ARFORD	MARYLAND	a. STATE MAK	Pyland	b. COUNTY HA	REFORD
b. CITY OR TOWN	(If autside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside carporate li	mits, write RURAL and	give nearest town)
HAURE	OF GRACE	5 HOURS	BEL	7iR	- 5)
	PITAL (If not in hospital, give street	et oddress)	d. STREET ADDRE	SS /	,	e. IS RESIDENCE ON A FARM?
HARFOR	7 11- 0'	91 HOSP.	338	WEBSI	ER	YES NO
3. NAME OF DECEASED (Type or print)	IRving	Middle	REISE.	P 4. DATE OF DEATH S	EPTEMBL	PR 19 19 61
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AC		R 1 YEAR IF UNDER 24 HRS.
MALE	WhitE WIDO	WED DIVORCED	October 11	, 1918	42 yrs. Manths	Days Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work dane 10	b. KIND OF BUSINESS OR INDI		State or foreign country) 12. CI	TIZEN OF WHAT COUNTRY?
MERCHA!	rarking life, even if retired)	TORE OWNE	P. Dal Gillor	RUIANO	_	USA
13. FATHER'S NAME		1-1-2 000172	14. MOTHER'S MAIL	DEN NAME	0	
LEW	is REISI	EP.	P=	HECCA	8=:+	
, - , -		6. SOCIAL SECURITY NO. 17.	INFORMANT	DECCII	Address	
(Yes, no, or unknown)	(If yes, give war or dates of service)		s. Morris E	erman- 371	Howard Pl	Avenue
Yes	DEATH [Enter only one couse per	^ _	D. HOLLE	7,-	1	INTERVAL BETWEEN
	DEATH WAS CAUSED BY:	Time 101 (10), 101, 100 (e).	1000 do	1:00	la ati	ONSET AND DEATH
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lying couse las	, 10)	oronary o	ervieros	clerton		2-3 years
PART II. C	OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEASE CON	NDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. C		0				YES NO
20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTI	WAS UNDERLYING 206. DI	ESCRIBE HOW INJURY OCCURR	ED. (Enter nature of inju	ry in Port I ar Part II af	item 1B.)	
	EY MEDICAL EXAMINER)					
20c. TIME OF INJ Haur o. m			LACE OF INJURY (Home		iwn)	(County) (State)
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	hat (1) (this haspital) afte			19 6 to 30 PH	924-61-7-99,198	2_(, that (1) (we) last
saw the dece	eased alive on 1971	9 thurs 6 1, and that	death accurred at	M tram the	causes and an fl	ne date stated above.
220. SIGNATURE	dr. D-67	Tippin	ATTENDING _	MED. ST. DIRECTOR PH	AFF HYS.	O/, SIGNED
22c. PHYSICIAN	the state of	Cub and	M.D. PHYS. 22d. ADDRESS	DIRECTOR L PH	IYS. []	1 7/17/6
NAME (Type		5. Log, m.	DISIIN	: Union,	Ave, He	avre de Grac
23a. BURIAL, CREMAT	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, tawn, or caunty	(State)
REMOVAL (Speci Burial	Sept 21/61	Rodfe Zedek	2	Bal	timore, Ma	ryland
24. FUNERAL DIRECTO		ADDRESS	25a	REC'D BY REGISTRAR	25b, REGISTRAR'S	SIGNATURE

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Sol. Levinson & Bros. Inc. 6010 Reist Road

25a. REC'D BY REGISTRAR DATE SEP 2 2 '61

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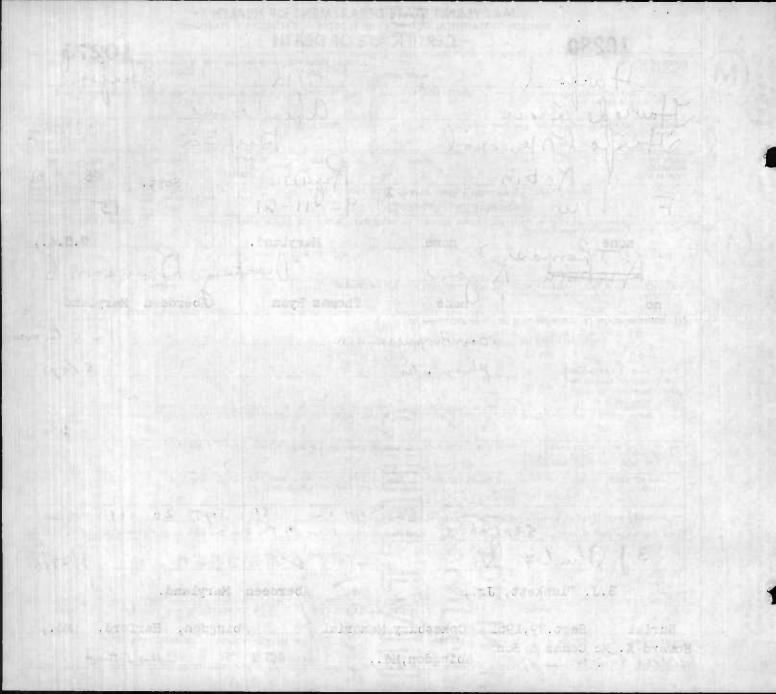
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IO HOSPICAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be lined by the haspital ar attending physician.	NEXX	page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with	the State Board of Health prior to burial, cremation, or removal, and in any event, within 22-hours after death.
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11		OF STATISTICAL RESEAL		ORDS — BALTIM	ORE 1, MARYL	AND	
1. PLACE OF DEATH	280	CERTIT	77	AL RESIDENCE (When	a decorred lived	If institution, Pesiden	0275
o. COUNTY	arland	MARYL	0.5	TATE MA		COUNTY	ulard
b. CITY OR TOWN (I	f outside corporate limits, sprest toyal)	write c. LENGTH OF STAY I	N 16	ITY OR TOWN (IF out	side corporate limi	ts, write RURAL ond	give nearest town)
D-NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, give	street oddress)	d.	STREET ADDRESS	Jay 3.	2	e. IS RESIDENCE ON A FARMY YES NO
3. NAME OF DECEASED (Type or print)	Robi	Middle		Plost	OF DEATH	Month	Day Year 26 19 61
S. SEX	WW	MARRIED NEVER MARRIE	0 9	- 11 - 6	lost	yrs. Months	R 1 YEAR IF UNDER 24 HRS Doys Hours Min.
during most of wor	king life, even if retired)	10b. KIND OF BUSINESS OF none	R INDUSTRY 11.	Marylan		12. CIT	U.S.A.
13. FATHER'S NAME	Thomas	Ruces	14. M	OTHER'S MAJDEN NA		Brom	scomb
(Yes, no, or unknown)	R IN U. S. ARMED FORCES (If yes, give wor or dates of service	16. SOCIAL SECURITY NO.	17, INFORMA	And the second	4	Address perdeen N	formal and
no	TH Co.L.	per line for (o), (b), and (c).]	Th	omas Ryan	Oli	Jerdeen P	INTERVAL BETWEEN
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	m mediote	phonyogeth	hmynt	×			5 days
PART II. OTI		IONS <u>CONTRIBUTING</u> TO DEA	TH BUT NOT RE	LATED TO THE TERMIN	AL DISEASE COND	ITION GIVEN IN PAI	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING 20 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY O	CCURRED. (Enter	noture of injury in Po	rt I or Port 11 of it	em 1B.)	
20c. TIME OF INJUR Hour o. m. p. m.	10	20d. INJURY OCCURRED While ot work		INJURY (Home, form, eet, office bldg., etc.)	20f. (City or tow	n) ((County) (State
21. I certify the	nt (1) (this haspital) of sed alive an <u>S</u>	thended the deceased 17 26 1961., and	fram Sapt that death o	22 196 accurred at 4 PA	A, fram the co		L, that (I) (we) last the date stated above
220. SIGNATURE	Thurling	21			STAP	s	9/27/6/
22c. PHYSICIAN'S NAME (Type)	.J. Plunkett	, Jr.,		d. ADDRESS Aberde	en Mary	land.	
230. BURIAL, CREMATIC REMOVAL (Specify Burial	Sept.29.1	23c. NAME OF CEME		ial	Abingd		ord, Md.
Howard K		ADDRESS	Md.,	25a. REC'D	BY REGISTRAR 2 '61	256. REGISTRAR'S S	
2071181X	V6						

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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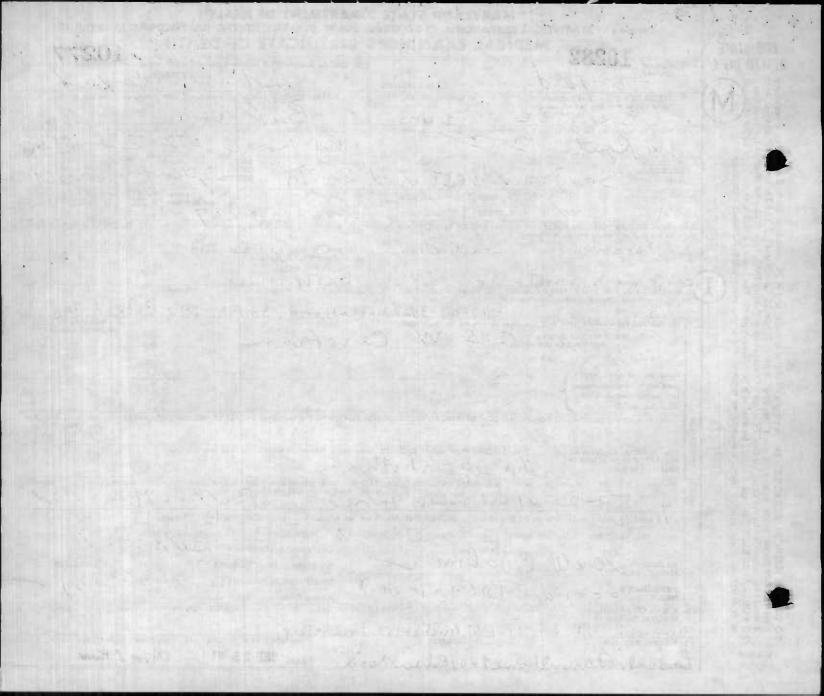
FOR STAT HEALTH DEI TO DE IN MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If at glay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the interest director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EVAMINED'S CEDTIFICATE OF BEATH

t	10229 MEDICAL EXAMINER	CERTIFICATE OF DEATH	10277
T.	1. PLACE OF DEATH AND CO.	2. USUAL RESIDENCE (Where deceased lived, If Institu	tion: Résidance before admission)
1	a. COUNTY MARYLAND	a. STATE b. COUNTY L	tankad
A	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If outside corporeta limits, write RUR.	AL and give nearest town)
n	write RURAL and give nearen town)	Y P DA.	
	BefAn Jyrs	1 Depte	
9	d. NAME OF HOSPITAL'OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
1	Nel Route 2	I Ma Rome	YES NO
	3. NAME OF DECEASED TO First Middle	Last 4. DATE Month	, Day Yeer
	(Type or print) BON) IM West would	Smith DEATH Septemb	u 221961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UN	
3	A A	(last birthdey) Mon	
	/V WIDOWED DIVORCED	6-16-1894 167 yrs.	1
-0	10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, avan if retirad)	RY 11. BIRTHPLACE (State or foreign countryf	2. CITIZEN OF WHAT COUNTRY?
94	FOREMAN CONSTRUCTION	Montgomery Co md.	USA
23	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
4	Berjania W Smith Sr	BeTTY TITION	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
-	(Yes, no, or unkown) (Ifyas giva war or datas of service)	CTI CITI MI B	elair Md
1.3	117 - 0'7 - 3 1/27 My 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end/(c).]	- scatherine Smith RII De	INTERVAL BETWEEN
-	PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
-	IMMEDIATE CAUSE (a)	eren	
- 3	DUE TO		
	Conditions, if any, which (b)		
	geve rise to immediate ceuse DUE TO		
	(e), stating the underlying cause lest. (c)		
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	
4	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		YES NO V
J	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED.	Enter netura of injury in Pert I or Part II of itam 18.)	1112 11 110 13
	20a. EXTERNAL CAUSE WAS PRIMARY DF or CONTRIBUTING CAUSE OF DESCRIBE HOW INJURY OCCURED. (CAUSE OF DESCRIBE TO CAUSE OF DESCRIPTION OF DESCRIBE TO CAUSE OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIPTION OF DESCRIBE TO CAUSE OF DESCRIPTION		
		ACE OF INJURY (Home, farm, 20f. (City or town)	(m.)
		CE OF INJURY (Home, farm, 20f. (City or town) tory, street, office bldg., etc.)	(County) (State)
	2 p.m. 9-22 14 at work at work H(me ilelial	a - 100
	21/I certify that I took charge of the remains described above, he	eld an Autopsy 🔲, Inspection 📈, Inquiry 🔲	, and in my opinion
	death resulted from: Natural causes , Accident , Suice	ide X. Homicide . Undetermined manne	r 🗍 /
1	M 1. 001	CHIEF MEDICAL EXAMINER 7 Sel 12	i nd
9	ACTUAL LOVELI () almen	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE	DEPUTY MEDICAL EXAMINER 7 9 - 2	7 /
	EXAMINER'S GETUING TO IMC , MI		2-41
	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	/ Address (Streat, city, town, or county) R CREMATORY 22d, LOCATION (City, town, or co	ountry) (Stata)
	REMOVAL (Specify)) (
01	Burial 19-26-196/15/michaelsh	AT L CAMETERY 240. REGISTRAR 246. REGISTRA	DIS SIGNIATURE
X	23. FUNERAL DIRECTOR ADDRESS		
114	Lassahnstunnal Home 740, Below Re	DATE SEP 25 '61 Outh	un S. Kraus

VS. A15ME 5M 9 60



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death.

S death.

Yet a may be retained by the hospital or attending physician.

Yet a may be retained by the hospital or attending physician.

Yet a may be retained by the hospital or attending physician.

Yet a may be retained by the hospital or attending physician and completed filled in by the funeral or director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

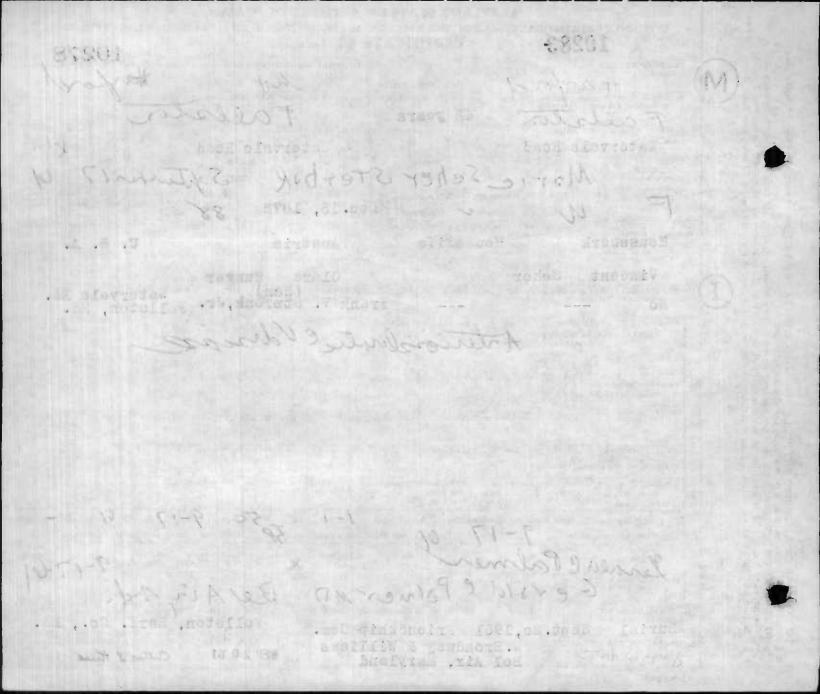
JOSEPH W. FOSTER

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10283 CERTIFICATE OF DEATH

			10278
	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institute a. STATE b. COUNTY)	ition: Residence before admission)
1/_	b. CITY OR TOWN (if outside coporate limits, c. LENGTH OF STAY IN		
1	write RURAL and give nearest town)	E. CIT OK TOWN (IT OUTSIDE COPPORATE LIMITS, WITH KOK	AL anygiva heatast towith
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	Watervale Road	/ Watervale Road	YES NO
	NAME OF DECEASED AA First Middle	Last 4. DATE Month	Day Year
	(Type or print) /127-12 > ener	Terosk DEATE Splin	mil 19 cg
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Dec. 15, 1872 Sast birtiday) Mo	NDER 1 YEAR IF UNDER 24 MRS. This Days Hours Min.
	na during most of working life, even if retired)	JSTRY 11. 'BIRTHPLACE (County & State, or foreign country)	2. CITIZEN OF WHAT COUNTRY?
	Housework Housewife	Austria	U. S. A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15	Vincent Seher Was deceased ever in u.s. armed forces? 16. Social security No. 1	Clara Hunger	
(Yo	a na na unhanna) i ((funa giva na na data na farantina)	Frank V. Sterbak, Jr. Falls	tervale Rd.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A TELLIPSON	enti e diseas	
	422,1 DUE TO		
4	Conditions, if any, which (b)		
-	gave risa to immediate cause (a), stating the underlying		
	causa last. (c)		NAME AND DESCRIPTIONS OF THE PROPERTY OF THE P
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN II	PERFORMED?
CERTIFIC	20b. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCION CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRED. (Enter nature of injury in Part I or Part II of item 18.)	
CAL		PLACE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	factory, street, office bldg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from	om 1-1 195010 9-17	., 19 (that (I) (me) last
	saw the deceased alive on 9 - 17 19.69 , and	that death occured at	on the date stated above.
	22a. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
	Terulu Claimer	M.D. PHYS. DIRECTOR PHYS.	9-17-101
	NAME (Type) Ge Yold & Palma	YMD BelAin	rel 1
238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET		0 0 202
	Burial Sept. 20, 1961 Friends	hip Cem. Fallston, Ha:	
24	FUNERAL DIRECTOR'S SIGNATURE . W. Broadwares & W	1111ams	RAR'S SIGNATURE
1	Justin Bel Air, Maryl	and DATE SEP 20'61 Cut	us S. Kraus



TO H SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execused within 24 hours are deal. go 4 may be retained by the hospital or attending physician. TO FUXARAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	10	279
1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residen	co beiore admission)
Harford MARYLAND	o. STATE Maryland b. COUNTY Harford	A
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	g. CITY OR TOWN (If outside corporete limits, write RURAL end give	
write RURAL end give neerest town)	X	
Aberdeen Proving Ground d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Aberdeen Proving Ground	e. IS RESIDENCE
	G. STREET ADDRESS	ON A FARM?
USAH, Aberdeen Proving Ground, Maryland	2761 L Rodman Road	YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day	Year
(Type or print) EZER	TAYLOR DEATH SEPTEMBER 28	1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR	IF UNDER 24 HRS.
Name 1 - N 9 1	April 20. 1893 lest birthdey) Months Deys	Hours Min.
1De. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY		OF WHAT COUNTRY?
done during most of working life, even if retired)		. ,,,,,,,,
Housewife None	Clay County, Alabama USA	
	14. MOTHER'S MAIDEN NAME	
JIM JOHNSON	LULA CURLEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, no, or unknown) (Ifyesgivewerordelesofservice)	-,02 2	Rodman Rd
	Johnie Burch (Daughter) Aberdeen	PG. Md.
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	INT	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		B hours
2211		o nours
332 DUE TO	mahmal Amhami lin - t	
Conditions, if eny, which geve rise to immediate cause	rebral Arteriosclerosis Un	nknown
(e), steting the underlying DUE TO		
cause lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1	9. WAS AUTOPSY PERFORMED?
K		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of injury in Pert I or Part II of item 18.)	
	CF OF INHURY III	150.0.3
	CE OF INJURY (Home, farm, 20f. (City or town) (County) ory, street, office bldg., etc.)	(State)
21. I certify that (I) (2016 2003 2013) attended the deceased from		
saw the deceased alive on 27 September 1961 , and that	death occured at.7.215AMom the causes and on the da	ate stated above.
220. SIGNATURE O O 1		22b. DATE
M. C. Hollman	D PHYS. DIRECTOR PHYS. 38 Ser	otember 196
22c. PHYSIZIAN'S	22d. ADDRESS	preminer 130.
JOHN E THOFFMAN, CAPT, MC	US Army Hospital, Aberdeen Prov	ring Ground
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C		(State) Md.
Ruoval 9/29/1961 Pite Demet	erry 1/00 roke - Alle la	wa.
24 PUNERAL DIRECTOR'S SIGNATURE ADDRESS	250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNA	
July & & arring - Cherteen " we	DATE OCT 3 '61 Outhur S. Fin	Au
4	1 van	

Willy all all and thought a come, thought 1 Possile lagrate week a maril 25, 1803 | 183 AND THE STATE OF T Here to to mie been (being en) autotosa en, il. neine an Indead nord the disconlessines feelest The content of the second of t SERVING THE PROPERTY OF THE PROPERTY OF THE PERFORMENT 1901 JOHN CHICAGO, AND A STORY Compared to the state of the st was all the Campy to note the course and the parties of the second

FOR STATE HEALTH DEPT.

director.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ASSOCIATION OF DEATH 10280

-	10400	
1.	PLACE OF DEATH L	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	8. COUNTY # 27-63- A	e. STATE // b. COUNTY
-) / MARYLAND	ν α .
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporata limits, write RURAL and give naarest town)
	H11/2-18 8 67150	Richmand 83x.3
-	WAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 1 e. IS RESIDENCE
	11. 25 - 1 11 11 11 11	ON A FARM?
	H) 1-) OTO MANDI-131 HEPINI	25/3 GCJINGS V VES NO
3	NAME OF First Middle	Last 4. DATE Month Dey Year
и	(Type or print)	DEATH September - 16 19 61
-	0166 100	2000
3	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED . 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
	WIDOWED DIVORCED	7/3/1924 >7 yrs. Monins beys Hours Min.
1	Da. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y / 11. BIRTHPLACE (State or foreign column) 12. CITIZEN OF WHAT COUNTRY?
1	lone during most of working the, even if retired)	1101 1151
	huch bruse miking	Magnestate Va. 1003,4.
1.	3. FATHER'S NAME	14. MOTOTER'S MAIDEN NAME
Ι.	Mance C. Verrell	Cannie Donnes berell
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address 4 1
	fes. no. or unkown) i (Ifvasqive warordatesofsecvice)	
	WW 2 M	same Tenell Waynebro Va.
	18. CAUSE OF DEATH [Enter only one cause per line for je), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Fracture ab	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	
	DUE TO	
	Conditions, if eny, which \ (b)	
	geve rise to immediate ceuse DUE TO	
	(a), stating the underlying	
1_	causa last. (c)	
CEPTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
13	I rache K femus, frache f	Celvis YES NO N
1 2	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED.	inter neture of injury in Pert I or Pert II of item 18.)
1 2	PRIMARY A or CONTRIBUTING A A TO accid	lens
1		
MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA Hour e.m. 7 // / While Not While	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
) [Hour e.m. 9- /6 19 (1) while Not While Size	tretamatriles land at the Ita
7	21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspection , Inquiry , and in my opinion
1	A-m	
	death resulted from: Natural causes , Accident X, Suic	ide, Homicide, Undetermined manner
	1 DP 1	CHIEF MEDICAL EXAMINER [] REP H C M
	ACTUAL TOURS	ASSISTANT MEDICAL EXAMINER DATE SIGNED
	SIGNATURE	M.D. DEPUTY MEDICAL EXAMINED 7
1	EXAMINER'S CAN X () () () ()	h /-
-	NAME (Type) UC) C C	Address (Street, city, town, or county)
2	20. SURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	CCREMATORY 22d. LOCATION (City, town, or country) (Stete)
	9/19/61 Quansta, 1	hem Vark Waynestoro Va
1	3. FUNERAL DIRECTOR - Dow - Tyre - THE APPRESS	248. REC'D BY REGISTBAR 246. REGISTRAR'S SIGNATURE
	1) 1000 - 141 - 000	

2345.

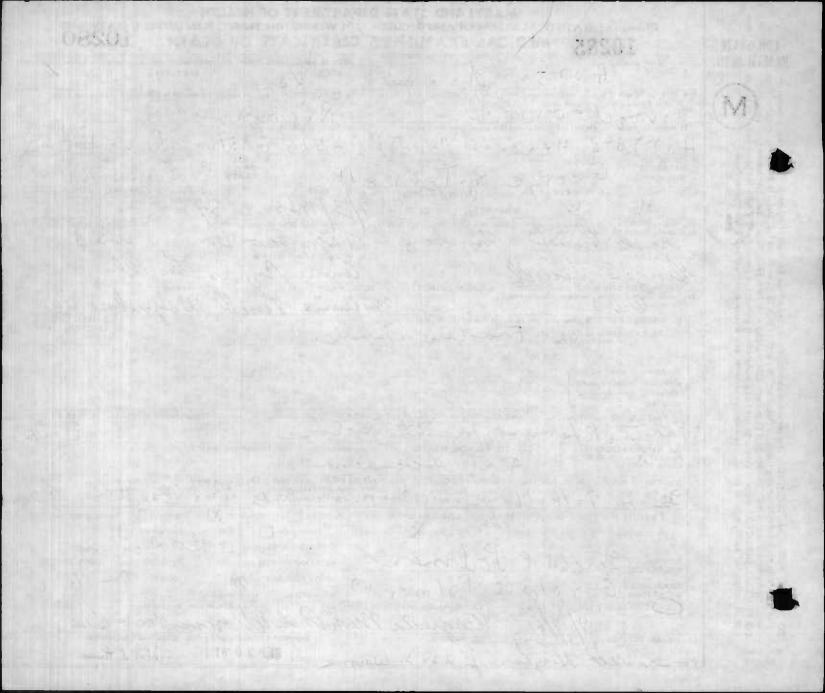
Lughan -

SEP 2 0 '61

DATE

arthur S. Krous

TO D ITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If the please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the careful of 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for To FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2-with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any event within 12 hours after death. VS. A15ME 5M 9/60



TO H. TALL ON AILEMPLIANCE AND AN ACTION OF THE ANALYSICIAN.

Solution and completely defined by the hospital or attending physician.

To eath.

To eath.

A death.

A director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, should be director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, should be director, page 3 should be detached for use as the burial, cremation, or removal, and in any event, when 72 hours after death. within 24 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect

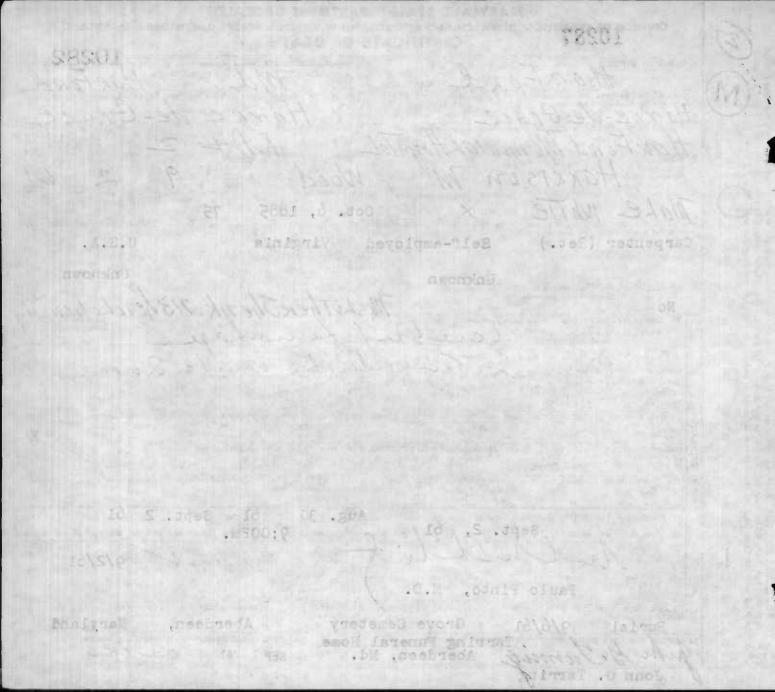
TO Ho

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF TAXISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH

			10282
1. PLACE OF DEATH	1	E (Where decessed lived, If	: 1 //
TARTORA MARYLAND	e. STATE	b. cour	HARLOS
b. CITY OR TOWN (if outside corporate limits, p / write RURAL and give nyterest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporete limits, writ	RURAL end give nearest town)
Harre-Ge-Grace	1 X Ha	rre-de	e-GRACE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street/address)	d. STREET ADDRESS	Pn	e. IS RESIDENCE ON A FARM?
JAKTORA MEMIRIAH HOSPILON		11# 2	YES NO
DECEASED Type or print) TARRIST Middle Middle TARRIST TARRIST Middle TARRIST TARRIST	11/4 a -1	4. DATE Monti	0 / /
1101/1/1001 //	B. DATE OF BIRTH	9. AGE (In yeers	IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE- WIDOWED X DIVORCED	Oct. 6. 188	lest birthdey)	Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working lite, even if retired)		& Stete, or foreign country)	12. CITIZEN OF WHAT COUNTRY
Carpenter (Ret.) Belf-employe	d Virgini	a	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	AME	
Unknown			Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyesgivewerordetesofservice)	INFORMANT	_/ Address	P
No //	RSLUThere	berk. 7/5	NeTeLolien (il
IB. CAUSE OF DEATH [Enter only one ceuse per time for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY:	0/		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (e)	of reun	mage	
DUE TO "	10. F.	10000	Ω
Conditions, if eny, which geve rise to immediate cause	curue	outher an	a susse
(e), steting the underlying DUE TO			
ceuse lest. (c)_			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINA	AL DISEASE CONDITION GIV	/EN IN PART I(e) 19. WAS AUTOPSY PERFORMED?
			YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DEA	D. (Enter neture of injury in Pe	ert I or Pert II of item 1B.)	
	ACE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PL While Not While fe work et work et work	ctory, street, office bldg., etc.)		
21. I certify that (I) (this hospital) attended the deceased from	Aug. 30 1	of to Sent	2 1067 that (1) (wa) las
saw the deceased alive on Sept. 2 1961 / and the			
22e. SIGNATURE	Seam occured and	O.O.T. MAR. 1110 CSG202	22b. DATE
I what his		ED. STAFF PHYS.	9/2/61 SIGNED
22c. PHYSICIAN'S	22d. ADDRESS		
NAME (Type) Paulo Pinto, M.D.			Tin
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER		23d. LOCATION (City, to	
Burial 9/6/61 Grove Cem		Aberdeen,	
24 FUNERAL DIRECTOR'S SIGNATURE Tarringon Tunera	L HOMO	D BY REGISTRAR 256. RE	
gan ganny Aberdeen,	Md. DATE SEI	7 '61 a	other S. Kraue
John G. Tarring			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH directar PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. COUNTY filed HARFORD b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION
HARFORD MEMORIAL IS RESIDENCE ON A FARM? YES NO NAME OF Middle 4. DATE Year DECEASED fille (Type or print) ages 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthdoy) Manths Days DIVORCED [7] UNKNOWN WIDOWED I yrs. campl 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) NL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME kunn wenn MI 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. mi INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per-line for (o)/(b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). alu Conditions, if ony, which permi gave rise to immediate DUE TO couse (o), stoting the underlying couse last. been si MAT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES INO anema 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) o. m. While Not while of work at work 21. I certify that (I) (this haspital) attended the deceased fram 11/19/01 , and that death accurred at \$7M, from the causes and an the date stated above. saw the deceased alive an OR 220. SIGNATURE DIRECT ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR -22d. ADDRESS plup 22c. PHYSICIAN'S FUNERAL DATE THEREOF 23d. LOCATION (City, town_ 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY ar county) REMOVAL (Specify) 0 25b. REGISTRAR'S SIGNATURE 24. FUNERALI DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR VR A15 (4) 1 5 '61 O-Thun 8 DATE 15M 9/59

HIAGO SCREEN STREET 1,0 Production in the second